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ABSTRACT

In the past, psychotherapy process research has operated in a vacuum, cut off from clinical practice. It has been dominated by short-sighted, simplistic methodological short-cuts which have hampered its usefulness. Over the next decade new research approaches may substantially close the gap between psychotherapy process research and the practice of psychotherpay. Six of the most promising new approaches are: (1) analysis of the context of helping interventions: (2) use of Interpersonal Process Recall as a phenomenonological process measure: (3) identification and description of significant change events in psychotherapy: (4) systematic, non-experimental case studies: (5) more sophisticated sequential analysis techniques: and (6) Comprehensive Process Analysis, the applications of a broad array of process measures to important therapeutic events. These and related methods may represent a paradigm shift in psychotherapy process research, bringing it closer to the clinical method. (Author)

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Fitting Process Research to the Working Clinician

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Paper presented at meetings of the American Psychological Association

Montreal, September, 1980

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Running head: Fitting Process Research

Fitting Process Research to the Working Clinician

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My major prediction for the next decade is that psychotherapy process researchers will move significantly towards making their work truly relevant and useful to working clinicians. This ambitious prediction raises two questions: First, why hasn't process research made itself more useful in the past 30-plus years? Second, how are we going to bring about this change?

I'll begin with a brief recitation of the limitations of previous research on psychotherapy and counseling processes, short-comings which have frustrated earlier promises of usefulness. These can be grouped into two broad areas:

(1) Short-sighted and simplistic methodological short cuts have long dominated process research and hampered its usefulness. My colleagues in this symposium, as well as many others in the recent literature (e.g., Kiesler, 1971; Gottman & Markman, 1978; Fiske, 1977; Lambert, DeJulio & Stein, 1978), have detailed the methodological sins of previous psychotherapy process research, so I will only mention a few: (a) Use of aggregate methods to answer questions about particular interventions, by averaging process measures across sessions or across groups of clients and therapists; (b) tacit acceptance of a version of Kiesler's "uniformity myths"--the "myth of uniform process," which ignores significant change events in psychotherapy; (c) overemphasis on therapist verbal behaviors,

at the cost of overlooking client behaviors and nonverbal aspects of interaction; (d) exclusive use of global questionnaire measures to assess client and therapist perceptions of therapy process, thus obscuring the vast amount of information clients and therapists can provide about particular events in therapy; (e) fragmentation and duplication of research efforts, partly caused by artificial disciplinary boundaries (e.g., clinical psychology v. counseling psychology v. psychiatry v. linguistics), and partly by the high burn-out rate among process researchers; (f) the use of therapy analogues with highly doubtful relevance to the real world--especially film and role-playing methods.

(2) Process research has operated in a vacuum, cut off from clinical practice. Even though most of us doing process research are also practicing clinicians, there has generally been a large gap between what we do in therapy and what we study in our research (Luborsky, 1972). We have studied what we know how to study or can easily study, rather than what is important in psychotherapy. For example, we measure therapist questions, because we know we can count them reliably, and we don't study what makes some therapist questions strikingly effective when the vast majority are inconsequential. We don't study significant therapist questions for various reasons: because we don't know how to identify such questions, because they're too infrequent, or because it would take too much work, and so on. Thus, therapy process research has been guided more by available methods than by clinical relevance, and this has isolated process research from psychotherapeutic practice, both within the field as a whole and within individual researchers-therapists.

Nevertheless, in spite of the methodological and conceptual problems

mentioned above, therapy process research has generated findings which might be useful to practitioners--for example Laura Rice's work, described earlier in this symposium, on the prognostic utility of certain client voice qualities. However, these findings have had little impact on psychotherapists, in part because researchers have made little attempt to disseminate them beyond their students and supervisees. The practice of psychotherapy continues to be guided entirely by theory, lore and unsystematic observation, with no input from research efforts. Thus, therapy process research has operated in a vacuum, one which limits communication with therapists in two ways: First, by preventing clinically meaningful questions from being raised; and, second, by making little attempt to translate and communicate findings back into the actual practice of psychotherapy.

This brings me to my second question, the ambitious title of this paper: How, then, can we fit process research to the needs of the working clinician? In answering this question, I will describe recent trends and present additional proposals aimed at remedying the difficulties described above. This presentation will be organized into two broad categories, first, the use of clinically sophisticated research methods and, second, the improvement of communication between process researchers and practicing therapists.

New Research Approaches for More Clinically Meaningful Process Research

I predict that the next decade of therapy process research will see much wider use of a number of relatively unknown research approaches which are either recent arrivals to the field of psychotherapy research or which

have been recently refurbished. I will describe six of these approaches which appear to have a high probability of providing results useful to therapists.

(1) Analysis of Helping Contexts. We now have many taxonomies for classifying therapist behaviors--in fact, three members of this symposium (Hill, 1978; Stiles, 1979; Elliott, Note 1) have each developed sophisticated, detailed rating systems which each of us thinks is better than those of the other two. I suggest that what is really needed now are taxonomies of intervention contexts. The clinically-meaningful question is not whether an Interpretation occurs or not, but whether or not the Interpretation occurs in a clinically appropriate context (for example, when the client is working hard to understand something about self but is blocked from insight by internal or situational factors).

Indeed, there are a number of promising developments in this area. In particular, the work of Rice and Greenberg (Note 2), applying task analysis to psychotherapy; Mardi Horowitz and associates' (e.g., Horowitz, 1979) development of methods for identifying and classifying client psychological states manifested during treatment; and the work by Luborsky or the "symptom-context method" (Luborsky & Auerbach, 1972; esp. Luborsky, Bachrach, Graff, Pulver & Christoff, 1979). These approaches are beginning to provide answers about the elusive question of the "timing" of therapist interventions. The best example I know of how this approach can provide clinically useful findings is Greenberg's work (in press): He has identified a pattern of client in-therapy behavior (called a "split") which signals the appropriate context for therapist interventions using the Gestalt Two Chairs technique.

(2) A New Phenomenological Research Method: Interpersonal Process Recall. Kagan (1975) pioneered the use of video-tape recordings to assist clients and therapists in describing their experiences during particular moments of a session. Kagan made this technique--known as Interpersonal Process Recall or "IPR"--the center of a method for training and supervising therapists or counselors. Psychotherapy researchers have long recognized the potential value of this method. Over the years IPR has been repeatedly recommended in major statements on psychotherapy research methodology (Bergin & Strupp, 1972; Kiesler, 1973; Lambert, DeJullio & Stein, 1978). Now, however, IPR has finally been adapted and systematized for psychotherapy process research (Elliott, 1979, Note 3, and 4). As such, it combines advantages of both major traditional methods of psychotherapy process research--the phenomenological data usually provided by global questionnaires such as the Therapy Session Report (Orlinsky & Howard, 1975), and the specificity generated by objective process rating systems such as those mentioned above. Thus, IPR allows us to gather information on the moment-to-moment perceptions, intentions, and reactions of clients and therapists during therapy sessions.

The information gathered from these excursions into clients' and therapists' momentary experiential worlds can then be tied to particular behavioral events more readily shared with other people. This means that IPR can produce findings which are highly translatable into clinical practice, because it can connect therapists' moment-to-moment perceptions to information often not available to them--e.g., clients' experiences of being helped or hindered by a particular intervention.

IPR has so far been used in a series of studies conducted by myself and my colleagues (Elliott, 1979; Elliott et al, Note 5; Elliott, Note 1).

The thrust of these studies has been to show (a) that IPR can be used to collect valid data on client and therapist perceptions and (b) that traditional therapist category systems have limited validity as measures of good therapy process (e.g., questions are seen as nonhelpful and interpretations are seen as helpful, but the effects are not large enough to be clinically useful). More sophisticated extensions of these early uses have now been developed and will be mentioned below. I have put together a research manual describing the various research uses of IPR (Elliott, Note 3).

(3) Identification and Description of Significant Change Events in Psychotherapy. The aggregate methods of traditional process research ignore something recognized by the vast majority of psychotherapists and psychotherapy researchers and theorizers--that is, key, critical, decisive or significantly helpful or harmful events in psychotherapy (Rand, 1979). For example, Kelman (1969) documents the existence of the "Kairos" or "auspicious moment" of opportunity for psychological change; Strupp, Hadley and Gomes-Schwartz (1977) report numerous examples of negative events in psychotherapy; Standahl and Corsini (1959) investigated problematic "critical incidents" in psychotherapy. Although the literature is quite sparse, several writers have attempted initial theoretical descriptions of significantly helpful events (Kell & Mueller, 1966; Kelman, 1969; Rand, 1979).

Unfortunately, up until recently, no systematic attempt has been made to study significant change events. Now, however, a number of methods have been developed for the purpose of identifying and studying these uncommon occurrences. These methods include: (a) Post-session questionnaires

completed by therapists or clients and scored to identify significant therapy sessions (Rand, 1979; Orlinsky & Howard, 1977; Stiles, 1980) (these are of limited use, since they don't identify specific events within sessions). (b) Strupp and his associates (Note 6) have recently developed an instrument for identifying negative therapy events, including technical errors by the therapist. (c) IPR has been adapted as a method in which clients and therapists can identify and describe significantly helpful or hindering events in therapy sessions. The research manual mentioned earlier (Elliott, Note 3) describes this method. I am currently collecting such events in order to discover a natural taxonomy of significant events in psychotherapy--for example, "insight events," in which the client achieves a new understanding of self (Elliott, Note 4). Research on significant events in psychotherapy promises to provide understanding of the psychological change process in psychotherapy as well as how therapists can foster, recognize and make therapeutic use of moments in which clients are most open to beneficial psychological change.

(4) Systematic Case studies. Recent years have seen the development of a variety of methods for use in a new type of case study, which I'll call the "systematic case study," for want of a better term. This approach has the following features: (a) It involves one or two cases; (b) it is descriptive, rather than experimental in the behavioral "n = 1" tradition; (c) it is systematic in that it builds in systematic checks on the reliability and validity of process and outcome observations or relationships (for example, the use of multiple raters or measures, quantification and significance testing, replication across time or comparison with other cases). My search for methods useful for testing and extending my

clinical hunches in the context of a non-experimental case study led me into unknown territory: Psychoanalytic process research (see review by Luborsky & Spence, 1978). Psychoanalytic process researchers, in particular, Lester Luborsky, Mardi Horowitz, and Lennard Horowitz, have developed some interesting and useful methods which can be readily transferred to non-psychoanalytic contexts. A catalog of these methods (from simplest to most complex) includes the following:

(a) descriptive use of quantitative ratings to back up or extend clinical observations of process and outcome (e.g., Strupp, 1980; M. Horowitz, 1979);

(b) mapping of trends in therapy process over time (e.g., Dahl, 1972; M. Horowitz, 1979; L. Horowitz et al, 1978; Wexler & Butler, 1976; Marziali et al, Note 7);

(c) assessing the reliability of process ratings of the single case (L. Horowitz et al, 1979; Luborsky & Mintz, 1975; M. Horowitz, 1979);

(d) comparison of critical vs. non-critical events (Luborsky & Auerbach, 1969) or matched successful vs. unsuccessful cases (Strupp, 1980);

(e) identification of structural patterns unique to the particular client (Dahl, 1972; M. Horowitz, 1979);

(f) time series analyses, both within sessions (Luborsky & Mintz, 1975) and across sessions (L. Horowitz et al, 1978);

(g) identifying critical sequences and testing them for predicted temporal ordering (L. Horowitz et al, 1975; Silberschatz, 1978).

I expect to see these methods exploited more fully and disseminated to

other process researchers during the next decade. My colleagues and I plan to use them in conjunction with IPR methods described above in a series of systematic case studies, aimed at identifying essential ingredients in several common therapy approaches.

(5) Sequential Analysis. Sequential analysis has been used in therapy process research since its inception (Snyder, 1945). Its purpose is to assess contingency relations among a temporal series of events. Unfortunately, its full potential has never been exploited, and it has generally been overlooked. However, I think we are going to see more and better use of sequential analysis in process research over the next decade. This is because of a number of recent methodological developments, for example: (a) time series analysis (Glass, Willson & Gottman, 1975); (b) statistical methods for measuring the strength and significance of various contingency relations (Cairns, 1979; Gottman & Markman, 1978); and (c) techniques for identifying types of recurrent sequences of client and therapist interaction (cf. Gottman, Markman & Notarius, 1977; e.g., Benjamin, 1979). Of particular interest is the use of cross-lag time-series analysis (Gottman, 1979), which offers possibilities for demonstrating causal relations in sequential descriptive designs. These methods for sequential analysis have great potential for use in systematic case studies, although they have been tried only rarely so far.

(6) Comprehensive Process Analysis: Using Every Available Tool to Understand Significant Therapeutic Events. The last of my list of new methodological approaches for the next decade is something which can be referred to as "comprehensive process analysis." By this I mean simply that we should subject important therapeutic events to intensive, multi-

dimensional analyses drawing on as many different types of information as possible, including the qualitative understandings of skilled clinical observers and participants. Such an approach has much in common with the sociological approaches variously described as "qualitative-phenomenological" (Bogdan & Taylor, 1975) and "grounded-theory" (Glaser & Strauss, 1967). However, what I am suggesting is not simply a return to the naturalistic methods of brilliant clinicians such as Freud and Sullivan or communication analysts such as Scheflen (1973). These have always been open to criticisms of subjective distortion or lack of convincing corroborating evidence. Such corroborating evidence might be provided by including data from other viewpoints, such as objective process raters and the involved therapist and client. An early example of comprehensive process analysis was Pittenger et al's (1960) analysis of the first five minutes of an intake interview. A more recent example is Labov & Fanshel's (1977) discourse analysis of a segment of therapy with an anorexic client.

Other recent examples of the genre of comprehensive process analysis include Luborsky's work on the context of mementary forgetting in psychoanalysis (Luborsky & Auerbach, 1969) and Horowitz' (1979) analysis of a "Working through" event. However, none of these analyses attains the full degree of "comprehensiveness" which is possible if one incorporates the views of clinical observer, process raters and involved therapist and client (see Elliott, Note 8).

Concluding Comments on a New Research Paradigm and Improving Communications between Process Researchers and Practicing Therapists

I have been describing a set of relatively unknown, promising method-

ological approaches which are available to us now and which should fundamentally reshape therapy process research in the 1980's. These methods carry the potential for providing understandings of therapy process which areuseful to practicing therapists. Their greater clinical relevance probably derives from the fact that they are all closely related to aspects of the clinical method--that is, they are all more systematic versions of cognitive activities engaged in by good therapists: the analysis of intervention contexts in order to manage the timing of responses; careful attention to the perceptual worlds of self and client; the recognition and understanding of significant change moments; the observation and understanding of single cases over time; the search for sequential contingencies in therapy and out of it; and the integration of all available information as part of the search for patterns of individual meaning.

As I see it, these developments reflect the beginning of a Kuhnian-type paradigm-shift in therapy process research. In particular, it appears to me and to others that we are moving away from our traditional psychological and social science research paradigms, which were derived from the physical and biological sciences (e.g., agriculture), and towards a research paradigm which has much more in common with the paradigms used in the humanities or by clinicians.

I also believe that it is time for those of us who are process researchers to see ourselves as serving a population: therapists, counselors and psychological helpers of various sorts. If taken seriously, this view has several consequences, which I will conclude with: First, it suggests the need for us to conduct a systematic survey of our "public" in order to find out how we can best serve it. In other words, it may be

time for us to conduct a "needs assessment" similar to those carried out by our colleagues in community psychology and program evaluation. Such an assessment could tell us how best to use the methodological approaches described above.

Second, the view of process researchers as serving the population of therapists suggests that we take seriously the task of disseminating the results of our research back into our "community"--the evergrowing mass of therapists and psychological helpers. But perhaps that is a task for the 1990's.

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